REMARKS/ARGUMENTS

Claims 22, 26, 30-32, 34-37, 56, 70-74, 76, 81-88 and 90-94 are active in this application.

Applicant thanks the Examiner for the helpful suggestions provided to Applicant's undersigned representative via telephone. The Amendments which were filed August 9, 2004 and which were not entered are again presented for entry. Additional amendments are submitted herein to address the remaining issues raised in the Advisory Action mailed August 30, 2004.

Claim 26 has been amended to define the wash conditions according to the Examiner's suggestion.

Claims 70 and 90 have been amended to list only lysosomal hydrolases and for clarity. Further, during the above-noted telephone discussion, the Examiner asked whether acid β-galactosidase and Sphingomyelinase are enzymes. Applicant confirms that they are enzymes and attach hereto two entries in the online version of the Medcyclopedia (Amersham Health) indicating that acid β-galactosidase is the deficient enzyme in Gm1 gangliosidosidosis and Sphingomyelinase is the enzyme deficient in Niemann pick disease.

Claim 35 has been amended to define the Genenase I proteolytic cleavage site by the sequence described in the Figures, i.e., SEQ ID NO:25.

Claim 75 has been cancelled.

Claim 76 has been amended for grammatical clarity.

Claim 83 is amended to remove the term "soluble."

Claim 95 is cancelled as being drawn to a non-elected invention.

No new matter is added.

Applicant requests allowance of this application. Early notice of such allowance is requested.

Respectfully submitted,

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Amersham Health

Niemann pick disease,

printer-friendly format

(Albert Niemann, 18801921, German paediatrician; Ludwig Pick 18681944, German pathologist), autosomal recessive condition caused by a deficiency of sphingomyelinase enzyme. Clinically, there is progressive hepatosplenomegaly, lymphadenopathy, oedema and, occasionally, neurological degeneration. There are five clinical forms of the disease (a-e) with forms a, c and d having neurological manifestations, primarily in the form of loss of motor and intellectual function. Type (a) disease occurs early in infancy with a rapid deterioration, whereas (c) and (d) are more slowly progressive. The underlying problem is a deficiency of the sphingomyelinase enzyme. This results in accumulation of lipids throughout the reticulo-endothelial system and in some forms of the disease in the brain. Imaging findings reflect non-specific, progressive grey matter atrophy with enlargement of the sulci and ventricles. The corpus callosum is generally rather thin and on MRI sequences the white matter shows prolongation of T2 and to a lesser extent T1 signal intensity.

NW

The Encyclopaedia of Medical Imaging Volume VII

Gm1 gangliosidosis,

lysosomal disease characterized by a deficiency of the enzyme acid beta galactosidase with storage of GM1 ganglioside.

MR shows delayed myelination with persistent T2 hyperintensity.

GS

The Encyclopaedia of Medical Imaging Volume VI:1